

BIBLIOGRAPHICAL NOTICES.

ART. XIX.—*Reports of American Institutions for the Insane.*

1. *Of the Central Ohio Lunatic Asylum for 1857.*
2. *Of the Southern Ohio Lunatic Asylum for 1857.*
3. *Of the New York City Lunatic Asylum, for the year 1856.*
4. *Of the Bloomingdale Asylum, for the year 1856.*
5. *Of the Vermont State Asylum, for the fiscal year 1856-7.*
6. *Of the Western Lunatic Asylum, of Virginia, for the two years ending on the 30th September, 1857.*
7. *Of the Retreat, at Hartford, for the fiscal year 1856-7.*
8. *Of the New York State Lunatic Asylum, for the year 1856.*
9. *Of the Massachusetts State Lunatic Hospital, at Worcester, for the year 1856.*
10. *Of the New Hampshire State Asylum, for the fiscal year 1856-7.*

If there be any of our readers who have followed us, in our notices of the reports of the institutions for the insane in the United States, during the last fifteen years, they will probably recollect that, more than once, we have seized an occasion to express our admiration of the beneficent and nobly liberal spirit with which the State of Ohio first stretched forth her hand to shelter, to restore, and to save those unfortunates among her children who suffer from mental alienation. Of all the sister States of this Union, she was the first perfectly to act the Good Samaritan, by literally taking her afflicted *protégés* to her own house, and there gratuitously ministering to their wants. In plain and practical terms, she, first of all, paid from her own purse the bills of all the current expenses of her Asylum for the Insane. Year after year that institution pursued its progressive course, flourishing under her fostering policy, and under the able administration of Dr. Ayl, its *comparatively permanent* superintendent.

It is now some six or seven years since it became evident that the machinery of the Asylum at Columbus was not working smoothly. Those evidences became more and more manifest as time progressed, and, since the opening of the two new asylums—at Newburg and Dayton—have been so conspicuous in the three institutions, that “he that runs” could not fail to read them. Officers have been compelled to resort to novel expedients for raising the funds necessary for the current expenses of the establishment under their charge. Superintendents, like the leaves of most of their forest trees, have been *deciduous*, falling, and giving place to others, in some instances oftener than the popular change of almanacs. A law, at one time, has been enacted, by virtue of which, “at one fell swoop,” all the principal officers not only of the asylums for the insane, but of the other State charitable and benevolent institutions as well, became vacant. At length, in the reports for 1856, from the asylums at Columbus, Newburg, and Dayton, we had a picture, simultaneously drawn, of the glaring deficiencies and defects of those three establishments; a picture which was in part transferred to our notices of those reports.

Effects so general cannot spring from a cause which, in its origin, is specific to any one of the institutions. An influence so pervading throughout the ramifications of a philanthropic scheme, must be seated near the centre whence issues the vitality of that scheme. Hence, when we have inquired—as we have done more than once—for the origin of the difficulties of the Ohio institutions, we have not been surprised by the answer—“Politics.” We were prepared to place confidence in this answer by previous observation in another State. We had seen the principal officers in benevolent institutions filled and vacated without the least reference to the special fitness or unfitness of the candidate

and the incumbent. We had seen many and mournful evidences of carelessness, inattention, and heedlessness of duty, upon the part of administrative officials, and it has appeared to us that such are the inevitable results of a connection of philanthropic institutions with the partial and unstable policy of partisan politics, whereby the true interests of those establishments, and the welfare of their inmates, are lowered to a position of secondary importance. Under these circumstances, and with these views, we have believed it right, when reviewing the reports of latter years from the Ohio asylums, freely to express our opinions, perfectly willing that they should pass for just what they are worth, and no more. If those opinions be erroneous, we are open to conviction of our error. If we have been misinformed in regard to the source of the various novelties, eccentricities, difficulties, and defects in the official departments, the management, and the *material* of those asylums, we shall be glad to be corrected.

Hitherto we have received reports for 1857 from but two of the Ohio asylums. In the perusal of these, we have been induced to believe that a better day has dawned upon those institutions. We here have unmistakable indications of a strenuous effort, upon the part of all whose efforts are necessary to the result, to elevate them to the rank which they ought to hold among their sister institutions in other States. We joyfully hail the auspicious omen, and look forward, not indeed without anxiety, for the fulfilment of its promise.

1. From the report by Dr. Hills, of the Central Ohio Asylum, we extract the following statistics:—

	Men.	Women.	Total.
Patients at the commencement of the year .	102	121	223
Admitted in course of the year	97	98	195
Whole number "	199	219	418
Discharged, including deaths	80	79	159
Remaining at the close of the year . . .	119	140	259
Of those discharged, there were cured .	52	59	111
Died	21	11	32

"The general health of the institution during the past year has been very good. The exceptions to this fact are chiefly in the occurrence, during the last winter and spring (1856-7), of a number of cases of erysipelas; and, during the summer, a number of dysentery. The former prevailed to a considerable extent during a few months, but the cases were very amenable to treatment; that which invariably afforded prompt relief being iced water applications, diligently applied. The attacks were mostly about the head and face, though some were elsewhere, in the seat of wounds, or other localities."

The proportion of recoveries, from mental disease, is very large. Dr. Hills attributes this in part to the greater number than usual under treatment, and in part to other causes, of which "one of the most prolific is the greater amount of occupation given to the mind and hands, in a variety of useful labours." *

* * The number employed during the past season has been vastly increased, oftentimes numbering thirty, forty, or fifty (men), in parties of from three or four to ten or twelve. With recent or curable cases the convalescence has oftentimes been immediate and rapid. The healthfulness in that class has also been apparently increased, as not a death, or serious case of illness, with only one exception, has occurred among those that habitually inhaled in the open air. While the above number of males have been occupied with suitable manual employment, an equal or greater number of females have been engaged in pursuits to which they are adapted. Thus has the asylum oftentimes presented an appearance of bustle and activity, both without and within, that precluded the possibility of many being considered as drones."

"All public days are properly observed. * * * * The fourth of July was an eventful and ever-to-be-remembered day. The asylum was then literally evacuated, there being 225 patients gathered at one time in the grove, for an old-fashioned celebration. The ceremonies were similar to those of most other assemblies convened upon our national holiday."

As our last notice of this asylum exhibited, in the language of its report, some of its *material* defects, it is but fair that some of the *material* improvements of the past year be here recorded. A new barn, forty by fifty feet, has been constructed, and the old barn newly covered, inclosed, and "the interior fitted up in the most commodious manner." A brick edifice, "eighty feet long, thirty feet wide, two stories high, with a side wing one story high, and fifty feet long by twenty feet in width," has been erected for a boiler-room, engine-room, pump-room, wood-house, and carpenter shop. The apparatus for supplying the buildings with steam, hot water, and cold water, has been extensively repaired and improved. The "old lodge building" is nearly completed, in its conversion into a green-house—"the work being in a large share done by the patients." "Much has been done toward getting the front grounds into better order, with carriage drives, walks, arbours, &c. About one mile of carriage drive has been laid out." A fountain has been placed upon the lawn in front of the main building, and the hobby of the present day, an *aquarium*, commenced. "In the interior much has been done to increase the comfort and gratification of the patients. Many more of the ladies' bed-rooms have been carpeted; some of the halls have been repainted; a few pictures have been placed upon the walls; and additional furniture has been supplied." A sofa and rocking-chairs have been put into each of the front halls of the female department, and a dozen substantial settees into the wing-halls. "For the first time in many years the institution is free from debt."

Dr. Mills, when writing of his patients, says: "Even election-day brings forth the ballot-box in the several 'wards.' Fearing that our 'returns' have not been received, it may be proper to say that *there was a small gain in each ward.*" It is to be hoped that, as the doctor has got partisan politics fairly into his wards, he will, in future, be enabled to keep it there, lest it again intermeddle with the organization and the official staff of the institution. In the Board of Trustees of one of the American asylums for the insane, there was, a few years ago, a conscientious, but a very ready-witted member of the Society of Friends. The Board were one day deliberating upon the proper measures of moral treatment to be introduced among the patients. Among other things, *dancing parties* were mentioned. Several of the members having expressed their approbation of them, one of the gentlemen, turning to the "Friend," said—"But perhaps Friend M— will object to them." "O not at all, not at all," replied the "Friend," "*a mad-house is exactly the place for dancing.*"

2. The report for 1857, by Dr. McIlhenry, of the Southern Ohio Lunatic Asylum, shows that he is not only zealously studying the disease to the treatment of which he has been called, but that, in this study, he has "got hold of his pitcher by the right handle." His elaborate analysis and classification of the cases treated, manifest a disposition to make a scientific use of the materials accruing to him, as a necessary consequence of his position.

	Men.	Women.	Total.
Patients in the Asylum November 1, 1856 . . .	60	64	133
Admitted in course of the year . . .	74	78	152
Whole number . . .	143	142	285
Discharged, including deaths . . .	66	58	124
Remaining, November 1, 1857 . . .	77	84	161
Of those discharged, there were cured . . .	44	33	77
Died . . .	7	6	13

Causes of Death.—Mania 3, consumption 2, decay from old age 1, carcinoma of brain 1, gangrene of lungs 1, hydrothorax 1, hypertrophy of heart 1, valvular disease of heart 1, apoplexy 1, typhoid fever 1.

"During the entire season we have been exempt from not only the diseases incident to our neighbourhood, but from any of those special maladies which frequently find their way into hospitals and crowded institutions."

"The house has been full to repletion throughout the entire year. One hundred and forty patients are as many as ever, at one time, should be crowded

into our halls. * * * * The average throughout the entire year has been about one hundred and fifty."

From Dr. Mellhenry's remarks upon various topics in relation to insanity, we make the subjoined extracts:—

"Every day's experience among the insane more fully demonstrates to me not only the necessity of providing them with abundance of good food, but of allowing many of them a free indulgence in the use of such food. It is a disease that not only has a tendency to exhaust the system, but it has a strong disposition to impoverish the blood, and vitiate, to some extent, all the secretions. Nothing, therefore, can so well supply this deficiency, and correct those morbid tendencies, as good substantial food, and a sufficiency of it.

"In a great measure, we have abolished from the discipline in this institution the restraint system; depending upon moral and intellectual action to control our patients. It is true that we occasionally have to so confine the hands of some that they cannot injure themselves or others; but in nine-tenths of our cases even this restraint lasts but a short time. By kindly care and culture, they soon learn to conform to reasonable rules and regulations, without fear or coercion.

"In the care and treatment of the insane, I am fully convinced that the nearer we approach a family relation, the better. It is an easy matter to *keep* them; but there is another consideration, much more important, devolving upon those having them in charge. Socially, they have wants which suffer, and will finally die out by confinement, if not properly and timely cared for. The flagging energies of their minds must be supported by a proper cultivation of kindly feelings; and their whole mental system must be kept alive by that familiarity and frankness which, where properly applied, constitute the basis of true health and happiness. It is not the best class of patients who demand from us the most attention. They are better able to make known their wants, and do much towards taking care of themselves. But it is those who, perhaps, when admitted, or from long-continued insanity and neglect, have sunk into almost hopeless dementia—their minds little else than a blank, their physical energies often not sufficient, alone, to produce locomotion. By persevering efforts and discipline, it is sometimes astonishing to witness the change which takes place in such cases. From months of continued depression of mind, you will have the satisfaction of witnessing such persons not only brightening up, and being much improved, but occasionally they will return to an entire healthy mental condition. We have had two recoveries from this state of mind take place in this institution: one who had been insane two years, and who scarcely ever spoke; the other, whose insanity existed nearly as long, and who never uttered an audible word for nine months, and who never moved from her seat without compulsion, and never ate a mouthful only as she was fed. Both are now, after an absence from the institution of one year, remaining well, and able to attend to their ordinary duties."

In amusements, "it is mostly through the eye and ear that melancholy and demented patients can be reached. It is in such cases that music and dancing perform an admirable part. The power of music on such minds must be seen to be fully appreciated. The physical effect alone of dancing, upon persons thus affected, by arousing the sluggish and, in many cases, almost dormant capillary circulation, is of immense value; besides the stimulating effect produced upon the mind by such exercise."

It is stated that, of the 153 patients admitted in the course of the year, 36 had the suicidal propensity. Twenty-six attempted self-destruction; the remaining ten merely threatened it. In our experience, we never found but one patient in whom the propensity really existed that ever threatened to commit suicide. Such threats have not unfrequently come from patients who would be among the very last to put the threat into execution. Of the 26 above-mentioned who attempted self-destruction, 30 attempts are recorded; they were 9 by cutting, 8 by submersion, 3 by suspension, 3 by leaps from windows, 2 by shooting, 2 by strangulation, 1 by burning, 1 by starvation, and 1 by poison.

Of the 381 patients received since the opening of the asylum, it is asserted

that a hereditary predisposition to mental disorder existed in 111, or 23.13 per cent. But from a table showing the precise relationship, to 91 of these patients, of their kindred who had been insane, it appears that in only 41 cases were the direct ancestors so affected. In all other instances it was collateral relatives. It need not be remarked that it is not fairly to be inferred that a man is hereditarily predisposed to insanity, because he had a "cousin by his father's side," or a "grand-aunt," who was insane.

Twenty-one persons had insane brothers or sisters. In only one case had both the parents of a patient been insane. In nineteen other cases, 7 males and 12 females, the father was insane; and in fifteen other cases, 2 males and 13 females, the mother. "Three patients, a father and two daughters, were inmates of the house at one time. There are also two sisters, members of whose family have exhibited symptoms of insanity during four generations."

3. Our notices of former reports from the New York City Lunatic Asylum have sufficiently indicated the vast ameliorations made at that institution since it passed under the superintendence of Dr. Ranney. The march of improvement has continued during the year 1856, and a very considerable interest in the establishment appears to have been awakened among the citizens of New York, manifested by contributions to its means of moral treatment.

	Men.	Women.	Total.
Patients in the Asylum, January 1, 1856	238	335	573
Admitted in course of the year	149	217	366
Whole number	387	552	939
Discharged, including deaths	135	207	342
Remaining, December 31, 1856	252	345	597
Of those discharged, there were cured			174
Died	32	34	66

The percentage of deaths is smaller than that of any preceding year. "Although," remarks Dr. Ranney, "the general mortality has been so much diminished, yet, in a few diseases, there has been a decided increase, especially in that known as 'paralytic général.' This fatal disease, which but a few years ago was described as rare, has increased to such an extent in the city as to have been the cause of nearly one-fourth (15 of 66) of all the deaths in the Asylum the past year. It seems to result from a disorganization and softening of the cortical portion of the brain, involving, if the disease be protracted, the medullary substance. Almost universally certain in its results, its victim seldom survives a longer period than two years after the first symptoms are exhibited. Indeed, so fatal is it in its character, that in no case have I seen recovery follow, where the symptoms were sufficiently well marked as not to admit of doubt. High living, late hours, and strong mental excitement, combined, have been considered the most frequent causes of the disease.

"The past year has been entirely free from the ravages of any epidemic; and no suicide, homicide, or unfortunate accident has occurred in our midst, demanding an inquest."

The use of the mechanical means of restraining the body and limbs of violent, destructive, and suicidal patients, is now almost wholly abolished at this institution. The history of the past year, as recorded in the extract just quoted, is one evidence, in addition to many others of antecedent date, that the less those means are employed the fewer is the number of suicides. "The experience of the last year," says the General Report of the Royal Hospital of Bridewell and Bethlem, for 1843, "adds another confirmation to the now generally received opinion that mechanical restraint is an exciting cause for suicidal propensities; and though it may for the time restrain the attempt, it fortifies and strengthens the desire it is intended to control. * * * From 1750 to 1770, when every patient was under restraint, the suicides were in the proportion of 1 to 202; whereas during the last twenty years the proportion has been only 1 in 963."

In the course of the last ten years, there have been ten suicides at the New No. LXX.—APRIL 1856.

York City Lunatic Asylum. We are not informed of the years in which they severally occurred. It would be interesting to trace them in connection with the gradual diminution of coercive and restraining measures, and ascertain the relation which the one bears to the other. That the suicidal impulse, otherwise often transient or even momentary, may be, as expressed above, confirmed by the adoption of restraining apparatus, we have no doubt. Feuchtersleben relates the case of a man who, "being on the point of committing suicide, wanted to quote the passage '*Quand on a tout perdu*,' &c., and being in doubt whether it was by Voltaire or Molière, forgot his design." Now, had the leather muff and waistband, or the strait-jacket come to the relief of this man, instead of that to him fortunate quotation, there can be but little doubt that his impulse would have been perpetuated to a fatal result.

The progress in the number of the inmates of the institution, the report of which is before us, is shown by the subjoined table:—

December 31, 1826, patients in the Asylum	89
" " 1836, " " " "	143
" " 1846, " " " "	383
" " 1856, " " " "	597

A condensed statistical account of the medical history of the Asylum from the first of January, 1847, to the 31st of December, 1856, is included in the report. We extract some of its most important details:—

	Men.	Women.	Total.
Number of patients, January 1, 1847	171	212	383
Admitted in ten years	2,090	2,293	4,383
Whole number	2,261	2,505	4,766
Cured			2,105
Died	593	646	1,239
Single	1,108	1,058	2,166
Married	875	966	1,841
Widowed	107	269	376
From 20 to 30 years of age	677	857	1,534
From 30 to 40 " "	677	675	1,352

Causes of Death.—Consumption, 332; chronic diarrhoea, 173; cholera (Asiatic), 169; paralysis générale, 78; congestion of brain, 60; paralysis, 48; epilepsy, 44; dysentery, 34; dysenteric diarrhoea, 33; diarrhoea, 31; old age, 29; apoplexy, 27; typhomania, 24; typhus fever, 18; typhoid fever, 17; dropsy, 13; delirium tremens, 10; erysipelas, 8; suicide (by suspension 6, submersion 3, strangulation 1), 10; marasmus, 6; inflammation of brain, 6; hemiplegia, 4; organic disease of heart, 4; pericarditis, 3; ascites, 3; inflammation of lungs, 3; albuminuria, 3; softening of the brain, 3; carcinoma, 2; scurvy, 2; dry gangrene, 2; chronic peritonitis, 2; stomatitis, 2; hydrothorax, 2; chronic pleurisy, 2; acute meningitis, 2; lumbar abscess, 2. Twenty-three other diseases are mentioned as having been the cause each of one death; but they are maladies and accidents which, with the exception of hydrocephalus, serous apoplexy, and inflammation of the spinal marrow, are not seated in the great nervous centre.

Of the whole number of patients (4,383) admitted, only 1,023 were natives of the United States, while 3,360 were foreigners. The subjoined table includes the names of those countries from each of which there were more than nine:—

Ireland	2,142	Switzerland	21
Germany	649	Canada	16
England	261	Wales	14
Scotland	72	New Brunswick	11
France	52	Italy	11
Prussia	22		

The remainder were from twenty-seven different countries and colonial islands, with the exception of two, who were natives of the "Atlantic Ocean."

The immigrants from Ireland furnished no less than 48.87 per cent. of the whole number of patients.

4. Dr. Brown, of the Bloomingdale Asylum, in his report for 1856, has not departed from his customary brevity in these annual publications.

	Men.	Women.	Total.
Patients in the Asylum, January 1, 1856 . . .	56	71	127
Admitted in the course of the year . . .	73	61	134
Whole number . . .	129	132	261
Discharged, including deaths . . .	65	52	117
Remaining, December 31, 1856 . . .	64	80	144
Of those discharged, there were cured . . .	35	19	54
Died . . .	10	9	19

Causes of Death.—General paralysis, 1; phthisis, 3; chronic bronchitis, 1; inanition, 2; apoplexy, 2; epilepsy, 1; acute inflammation of the brain, 2; chronic disease of the brain, 3; dropsy of the chest, 1; exhaustion after dysentery, 1; earuncle, 1; suicide, 1.

"The health of the household, as a family, has been uniformly good; and the general condition of the patients as satisfactory as the peculiar construction of the institution permitted."

Dr. Brown recommends the extension of the "lodge" for females, so as to connect with the main building; and the introduction of the system of heating by steam.

In our notice of the Bloomingdale report for 1855, we made some remarks upon the imperfect organization of that Institution, its need of an Assistant Physician, and the defective method of heating the apartments of the principal edifice. Since the publication of that notice, the office of Assistant Physician has been created, and Dr. Corey elected as the first incumbent. The other two objectionable matters remain *in statu quo erant*; but as one important step in the right direction has been made, we hail the fact as an auspicious omen for the future.

	Men.	Women.	Total.
5. At the Vermont Asylum for the Insane, the number of patients on the 1st of August, 1856, was . . .	190	217	407
Admitted in course of the fiscal year . . .	64	83	147
Whole number . . .	254	300	554
Discharged, including deaths . . .	62	79	141
Remaining, August 1, 1857 . . .	192	221	413
Of those discharged, there were cured . . .			74
Died . . .			37

In relation to the treatment of insanity, Dr. Rockwell says: "Whenever any physical disease can be detected, it is treated as in other states of the mind. The moral treatment consists chiefly in pleasant and useful employment, and especially that which requires sufficient physical exercise. We always endeavour to employ both sexes according to their former habits and tastes. After all, much depends upon the faithfulness of kind and intelligent nurses, wholesome and nourishing diet, proper ventilation, the different kinds of bathing, sufficient exercise in the open air—either by riding, walking, or cultivating the garden and farm, and all such agreeable employment of the mind and body as shall promote physical health and call into exercise those faculties of mind that are unemployed. * * * If the minds of many of the insane are allowed to remain inactive, they will soon become demented, and manifest a brutish indifference. Sometimes, when confined without any employment, they become fretful and irritable, destroying their clothes and other property, and hasten to an incurable state. But let some useful and agreeable employment be furnished them, and they will be pleasant and

	Men.	Women.	Total.
Patients at the beginning of the year	98	99	197
Admitted in the course of the year	73	88	161
Whole number	171	187	358
Discharged, including deaths	72	80	152
Remaining at the end of the year	99	107	206
Of those discharged, there were cured	34	37	71
Died	5	9	14
Whole number, from 1824 to March 31, 1857	1,478	1,644	3,122
Discharged, recovered			1,534
Died			322

Causes of Death this Year.—Exhaustion, 6; general debility, 2; general paralysis, 2; pneumonia, 1; phthisis, 1; suicide, 1; paralysis, 1.

Dr. Butler, commenting upon the premature removal of some rapidly convalescing patients, whereby injurious and in some cases incurable relapses were produced, says: "As the Institution possesses no power to retain a patient contrary to the wishes of their legal or natural guardians, I can only lament that friends should so often mistake *temporary* results for *permanent* restoration—the remission of the disease for its entire removal. It would be often quite as reasonable to expect fair weather from every lull in the storm. Thus, every year, by the unwise interference of friends, additions are made from among our convalescing patients to our sad list of incurables. Some ten or twelve of those discharged improved, ought to have been on the list of recovered. We can only look for a remedy to a better appreciation of our curative means, and to a more correct knowledge of the disease.

"There is one important improvement among practitioners at large which I am gratified to notice. It is now a rare occurrence that I find maniacal patients have been bled previous to admission. Of nearly two thousand patients who have been under my charge, I have not found it necessary to resort to blood-letting for insanity in a single case. My confidence in the lancet as a curative means, has in no way diminished where the symptoms of the disorder indicate its use. My experience tallies with that expressed in the excellent work upon this subject from the pen of my estimable friend, Dr. Earle. I refer with confidence to that volume.¹ Cases of mania which have been bled previous to admission, I have invariably found difficult of treatment, protracted in their recovery, and sometimes sinking into hopeless dementia."

A description of the new "Lodge" for the violent class of female patients, was mentioned in our notice of Dr. Butler's report for 1854-5. A new one for the same class of men, has now been completed. "A valuable addition was made to this by the construction of a second story. At a comparatively small expense, ample accommodations for twenty additional patients have been obtained. The centre and partition walls of the eight rooms upon the first story, were carried up through the second, giving us eight rooms of the same dimensions of those below, being eight by eleven feet. One of these is appropriated for the attendant, and two others for the bath and clothes rooms, leaving five single rooms for the patients. There then remained a large room (sixteen by eighty-four feet), which was divided into three nearly equal parts by partitions, in part of plank and part of lattice; the centre room (sixteen by thirty) for a parlor, the other two (sixteen by twenty-seven) for dormitories. The three, being practically thrown into one at night, by the lattice doors, afford ample space for fifteen beds."

In respect to the convenient and ornamental furnishing of the hospital wards, Dr. Butler says: "I have aimed to inculcate the doctrine upon the friends of patients and upon all visitors, that insanity should be treated like other diseases, and so to arrange and decorate our wards, that they shall as nearly as possible resemble the chambers of illness in our own homes, believing that whoever has brought himself to consider a disease of the brain as differing only in *degree*

¹ Earle, on Bloodletting in Insanity.

from a disease of the lungs, 'has robbed it of that mysterious horror which forms its chief malignity.'" Donations in money to the amount of \$716 00, for the purpose of decoration above mentioned, are acknowledged, and the following remarks are made in reference to its appropriation: "I have thus been enabled to purchase, in all, over two hundred prints and engravings, which have been handsomely framed, and between twenty and thirty county, State, and national maps. These have been distributed throughout our fifteen wards (lodges included), excepting two halls in the north and two in the south wings, where I have not thought best to introduce them. Over one hundred of these have hung upon our walls upwards of two years; most of the others were added early in the winter. To this day, not one of these has been in the least injured! Our visitors can bear testimony to the lively and home-like character which they have imparted; but only those who are daily conversant with our household, can fully appreciate their happy and grateful influence."

8. We extract the subjoined items from the published record of the New York State Lunatic Asylum:—

	Men.	Women.	Total.
Patients in the Asylum Nov. 30, 1855 .	230	225	455
Admitted in the course of the year .	141	101	242
Whole number .	371	326	697
Discharged, including deaths .	140	96	236
Remaining, Nov. 30, 1856 .	231	230	461
Of those discharged, there were cured .	59	41	100
Died .	22	8	30

Causes of Death.—Exhaustion from mental disease, 7; general paralysis, 6; phthisis pulmonalis, 5; epilepsy, 2; malaria acutissima, 2; suicide, 2; chronic nephritis, 1; fibrinous concretion of heart, 1; ovarian dropsy, 1; remittent fever, 1; gangrene of lung, 1; old age, 1.

"The only disease which prevailed to any extent, was a form of continued fever, slightly remittent at the commencement of the attack, but which soon assumed a marked typhoid type. The first case appeared in the latter part of July, and was immediately followed by others. The peculiar features of the disease, and the fact that these cases occurred in dormitories in the immediate vicinity of the main sewers, led us to suspect the existence and operation of some local cause. A close examination resulted in the discovery of numerous rat holes opening directly beneath the windows of these dormitories, and communicating with the main sewers." * * * "No new cases occurred in these localities after the removal of this source of atmospheric poison. Afterwards, however, in the wards where the workmen were engaged in relaying partially decayed floors, and removing the old wash and bath-rooms, the fever reappeared, and though every precaution was taken, * * * cases continued to occur until the repairs in these wards were entirely completed. * * * Of the twenty-six cases of fever, three died—one patient, and two of our most valuable employees."

Some of our readers may perhaps recollect that a system of forced ventilation, by means of a revolving fan, has been introduced into the female department of this Asylum, and that, in his report for 1855, Dr. Gray published a table of the acute diseases which prevailed in the departments of the two sexes, as illustrative of the hygienic advantages gained by the improved ventilation. We extract a similar table from the report now under notice:—

Male Department.		Female Department.	
Continued fever	17	Continued fever	6
Intermittent fever	4	Intermittent fever	2
Erysipelas	4	Erysipelas	1
Dysentery	6	Simple fever	3
		Dysentery	1

"Through the summer and autumn, diarrhoea prevailed more or less among

the male patients, while, on the other side of the house, but seven cases occurred throughout the entire year.

"Among the cases of fever, in some instances there was a subsidence in the activity of the mental affection during the attack, while in others there was no appreciable abatement. The larger number of cases occurred in persons who had been but a short time residents of the Institution, and, as frequently observed by those familiar with insanity, several recent cases of insanity began to improve simultaneously with the invasion of bodily sickness. In one case of melancholia, and three of acute mania, the improvement continued until their final restoration."

The subjoined extract is made for two reasons: First, that the still-continued barbarities towards the insane may widely be made known, in the hope of hastening the day of their total extinction; and second, to demonstrate the superiority of hospital treatment.

A thing difficult of accomplishment by a person ignorant of the proper method of performing it, is often easily done by one who knows how to do it. The sage men gathered together with Columbus thought so, and said so, after he had balanced the egg upon its smaller end.

"In one county where all the insane were, during the year, committed to the care of the Superintendents (of the poor), all were placed in the poor-house for medical treatment. Application was made to the Asylum for but one, and in this instance, not until a continuous confinement in iron handcuffs and footlocks, and being chained to the floor for six months, had failed to subdue the patient. Then the officer wrote: 'We have a man so violent and dangerous that we wish to place him in the Asylum.' He was brought to us in the irons above mentioned, which were so firmly rusted that they could not be unlocked, but had to be filed off. *This man has worked steadily on the farm, and with the carpenter at his trade, since the day after his arrival.*"

"Eighteen males and fifteen females (of the 242 admitted), manifested a strong suicidal disposition, and one of the former and three of the latter, were, at the time of admission, suffering from wounds more or less severe, inflicted for the purpose of self-destruction. In one male, an irresistible impulse to homicide, with perfect consciousness of the tendency, was the prominent symptom in his case. In one male and two females, the same homicidal disposition was conjoined with an equally strong suicidal impulse. The latter succeeded in destroying the lives of four of her children at once, severely injured a fifth, and inflicted a dangerous wound upon herself."

The New York State Asylum is not remote from the centre of a very extensive agricultural district, and hence it might properly be supposed that, of its patients, farmers would exceed in number those who have been engaged in any other calling. Of the 242 admitted in the course of the year, 47 were farmers, and 20 farm laborers. No other occupation was represented by a greater number than seven. Nevertheless, Dr. Gray expresses the opinion that "farmers, farm laborers, artisans in wood and in the metals, enjoy an exemption from the proportionate frequency (relative to the numbers engaged in each calling) of attack, while persons engaged in literary pursuits, speculators, merchants, are more frequently the victims of mental disease."

Patients admitted from Jan. 16, 1843, to Nov. 30, 1857	4,830
Discharged recovered	2,017
Died	573

Six thousand five hundred and three articles of clothing and of bed and table furniture, were made by the female patients and attendants in the course of the year.

To show the value of a farm and a large kitchen garden in connection with an institution which feeds many persons, and particularly one in which a large portion of the labor of tillage may be performed by the inmates, beneficially to themselves, we take a few from the large number of items of the products, for the year, at this Asylum:—

Potatoes	1,000 bushels.	Cucumbers, early	35 bush.
Green peas	460 "	Cabbage	7,000 heads.
String beans	1,200 "	Celery	6,200 "
Lima beans	500 "	Lettuce	35,000 "
Beets	760 "	Summer squashes	3,600 "
Onions	700 "	Winter squashes	3,600 "
Carrots	1,800 "	Pumpkins	1,200 "
Turnips	1,050 "	Strawberries	1,500 qts.
Tomatoes	500 "	Sweet corn	350 bush.
Cucumbers, pickled . .	34 barrels.		

9. Dr. George Chandler, who, in the language of the trustees, "for more than ten years had most acceptably discharged the duties of superintendent of the Massachusetts State Lunatic Hospital, at Worcester, retired from that office on the 16th of July, 1856, and was succeeded by Dr. Merriek Bemis, the author of the report now under notice.

	Men.	Women.	Total.
Patients in the hospital, Nov. 30, 1855	168	168	336
Admitted in course of the year	112	129	241
Whole number	296	281	577
Discharged, including deaths	97	114	201 ¹
Remaining, Nov. 30, 1856			376
Of those discharged, there were cured	46	51	97
Died	18	17	35
Whole number admitted from opening of hospital			5,197
Discharged, recovered			2,381
Died			590

Diseases proving Fatal in Course of the Year.—Epilepsy, 5; exhaustion from maniacal excitement, 5; consumption, 4; palsy, 4; marasmus, 3; inanition, 3; dysentery, 3; apoplexy, 2; pneumonia, 2; chronic dysentery, 1; diarrhoea, 1; old age, 1; carbuncle, 1.

"Late in the summer there were several cases of dysentery, three of which proved fatal; and in the autumn there were a few cases of fever. There have been also several protracted cases of diarrhoea."

"The popular excitements of the day," says the report, "have not brought to us so many patients as is generally believed by the community at large."

But a short time prior to entering upon the duties of his office, Dr. Bemis returned from a visit to many of the institutions for the insane, in Europe. Stimulated, probably, by what he had seen of the operation of the so-called "non-restraint system" practised in some of the British hospitals, he soon undertook to dispense, as far as he thought best, with the means of seclusion and of restraint which had previously been employed in the hospital. He writes as follows upon the subject:—

"Few of our patients are, or have been, in restraint during the year. Since July last, no 'strong room' has been occupied. Patients often require some seclusion, as one sick of acute disease requires a bed. But those whose malady has made it necessary to resort to such means, have been kept in their own room, the common dormitory of the house; and only in few cases has the furniture been removed, and fewer still have we suffered from much destruction of clothing or furniture. We think that patients who have formerly been exceedingly noisy, filthy, and disgusting during their periods of excitement in the 'strong rooms,' have been, to say the least, more easily controlled, and less troublesome, during similar excitements, when not removed from their ordinary rooms."

The trustees, in their report, thus come in to the support of the doctor.

"Dr. Bemis, since he entered upon his duties, has not, in a single instance,

¹ These figures are given us in the report. The sum of the two items is 211 instead of 201.

made any use of the strong rooms for the confinement of the patients, nor has he as yet found it necessary to employ any extra attendants in the various wards. We are not fully prepared to draw any specific conclusions upon this subject from the experience of the last four months. We are prepared, however, to state the fact, that during that period we have found the patients, as a whole, at our monthly visits, more quiet than during any other four months since our connection with this institution. Occasions have not been rare when, out of some 370 patients, not a single one was subjected to any kind of restraint other than the care of the attendant within the ward. * * * In the last annual report it was stated that of the thirty-six strong rooms, twenty-four had been removed by order of the trustees, and that four large and airy parlours or sitting-rooms had been substituted in their place. Of the twelve strong rooms remaining, the six in the female department have not been used for more than twelve months, and the six in the male department have not been used for the last four months; and the trustees have no doubt that these remaining twelve strong rooms may be removed, and the space occupied by them be appropriated to a much more useful purpose."

In relation to other improvements, Dr. Bemis writes as follows: "In order to procure more intellectual amusement, and make it the means of instruction, a plan is in operation to establish a system of daily, intellectual entertainments—historical readings, with familiar explanations, courses of lectures, and school exercises—thus beginning what we hope may prove a source of pleasure and profit, at least a part of the year.

"We have been trying of late to introduce a system of labor among our patients. So far as we have been able to succeed the result has been gratifying. There seems to be no reason why strong, healthy men or women should not perform some labour at an institution of this kind. It should not be compulsory. If it can be made pleasant and attractive, so that a considerable number will engage in it, I have no doubt that it will be found greatly useful as a remedial measure."

Dr. Bemis does not mention the details of his system of labor, and hence we know not the extent to which he proposes to introduce it. It is well known that when this hospital was under the immediate guidance of Dr. Woodward, the amount of labour performed by the patients was very large. If Dr. Bemis sustains it at the same standard, he will do well.

10. The fiscal year of the New Hampshire Asylum for the Insane terminates with the close of the month of May. In their last report, the trustees inform us that, "in March last Dr. Tyler communicated to the trustees his resignation of the office of superintendent of the asylum, and subsequently, at a meeting of the board, his resignation was accepted, to take effect on the fifteenth day of July next." On the seventh of May, Dr. Jesse P. Bancroft was elected as successor to Dr. Tyler. After enumerating many improvements made in the establishment in the course of the five years last past, the trustees say: "In the execution of these, Dr. Tyler has ever taken a deep interest, and much of their success is due to his sagacity in their device, and his assiduous superintendence of their execution. His fidelity and skill in the management of the patients committed to his care, is evinced by the success which has thus far attended his efforts in their behalf."

	Men.	Women.	Total.
Patients in the asylum, May 31, 1856	77	77	154
Admitted in course of the year	48	49	97
Whole number	125	126	251
Discharged, including deaths	41	40	81
Remaining, May 31, 1857	84	86	170
Of those discharged, there were cured . .	24	23	47
Died	6	6	12

Causes of Death.—"One of apoplexy, one of epilepsy, and the remaining ten worn out by chronic insanity."

Whole number of admissions from opening of asylum	1476
Discharged, recovered	662
Died	140

An addition, called "the Rumford wiag," was completed and opened to the patients in the course of the year.

Dr. Tyler's report is brief, and chiefly devoted to matters of local interest.
P. E.

ART. XX.—*Proceedings of Westchester County Medical Society*, at its Annual Meeting, held in the Village of Sing Sing (N. Y.), June 3, 1856. 8vo. pp. 50.

THE professional reports embraced in the *Transactions* of the Westchester County Medical Society, though in themselves sufficiently interesting, present but few prominent facts demanding especial notice.

In a report on the medical topography, epidemics and endemics of the southern section of the county, drawn up by Dr. J. D. Trask, of White Plains, the following statements appear in reference to the prevalence of intermittent and remittent fevers, in that portion of country included in the report. They show how little positive knowledge we possess as to the etiology of those diseases:—

"The County of Westchester has, almost without exception, been regarded as unusually healthful. Along the Sound, miasmatic diseases have always prevailed to a certain extent, but within the past four or five years, intermittents and remittents have appeared where they have not been known before within the memory of the oldest inhabitants. This seems to have been due to a wide-spread atmospheric influence, which has passed on northward to regions rarely if ever before affected. Its northern limit, the committee have not, from inquiry, been able to learn.

"An effort has been made to ascertain, as far as practicable, the probable sources of malaria in those neighbourhoods where it always prevailed more or less, before the spread of the general atmospheric influence to which allusion has been made. It does not appear, however, that during the period of this general diffusion of malaria, such diseases have been more prevalent and more grave in places where they have always prevailed; the poison has been diffused through new localities, but not concentrated in old ones.

"Dr. Sands, of Portchester, writes: 'Previous to the last five years, I am not aware of having met with a case of disease of decidedly malarious origin in the neighbourhood. I was in practice here ten years before I saw a case of intermittent; during the last five years, however, cases have abounded. The disease has nearly disappeared, very few cases having occurred this summer. Excavations and drainage have, in my opinion, increased its prevalence. I have observed the disease in the neighbourhood of marshy grounds, particularly on the east of such localities, when the residence is not much elevated above the marsh; this I have attributed to the prevalence of westerly winds.'

"In relation to Mamaroneck, Dr. Stanley says: 'There appear to be certain localities or houses, where intermittent fever has prevailed more than elsewhere, but these seem to me to be so irregularly placed as to forbid the supposition that the ponds of fresh water or the salt marshes certainly produced the increased severity of the disease. The large factory pond was drained in the spring of 1854, and during the summer the channel through the centre of the pond, which had been nearly obliterated, was opened, and the whole surface became quite dry in June. The fever that year was about the same as the year previous, certainly not less. In 1855, the fever in the vicinity of the stream, and also of ponds a few miles off, very much diminished; and no other disease having the marks of an epidemic appeared in its place. The high grounds three or four miles back are not exempt, but are less affected by inter-

mittent disease than the *first low ground back of the first ridge*, which slopes down to the tide water; and *there*, I think, intermittents have been the most prevalent.'

"The occurrence of the disease five or six years ago, as an epidemic, so far as special localities were concerned, was much as above stated; but one great source of its severity and continuance, was a disregard, in particular families, of cleanliness, temperance, and good living, with proper rest of body and mind. The disease increased, and badly, from 1848 to 1853; and that year and the next it prevailed very extensively and severely, returning, in most cases, after it was broken, on or very near the seventh, fourteenth, or twenty-first day.

"The factory pond above referred to, was indicted in the year 1853 as a nuisance, from its presumed agency in developing malaria; but it was proved that malarious diseases at that time prevailed in regions previously unaffected. Dr. Moulson says: 'Intermittents are less prevalent in Mamaroneck since the factory pond has been drawn off; but this does not show a connection of cause and effect, since the same has happened, *pari passu*, at New Rochelle, where no pond has been drained.'

"In reference to New Rochelle and its vicinity, Dr. Moulson says, after referring to swamps, or low grounds which become dry in summer: 'An island in the Sound, nearly a mile from the shore, of about seventy acres, has upon it a pond of fresh water, about fifteen rods in diameter when full, but of much smaller dimensions in dry seasons. This pond is on the eastern side of the island, where the ledges of rock project above the earth and breast the waves. Large quantities of muck are taken from the bottom and sides of this pond, when left naked in dry seasons, together with the flags and weeds which grow luxuriantly on its borders, and spread upon the land as manure. Paludal fevers prevail here as well as on the main land. I have never found such diseases more prevalent, *ceteris paribus*, where salt and fresh water meet, than where there was no salt water. Formerly, before intermittents became so general, they were confined to the valleys, and to the neighbourhood of rivers and swamps, and seldom occurred near salt marshes or meadows, unless fresh water swamps were near; but I visited a family of seven persons in Pelham on the third of September, 1853, four of whom were ill with intermitting fever, and all had been seized within the preceding twenty-four hours. On the day following, two others had the same disease. No local cause or appreciable atmospheric changes could be assigned as a probable cause. Intermittents prevail in Pelham more than in New Rochelle, if I am rightly informed, and the islands on its shore are not exempt from the disease, as they formerly were. The isthmus called Rodman's is, like the islands, generally exempt from paludal fevers.'

"Intermittents and remittents were much more prevalent, and of a graver character, three or four years ago, in New Rochelle and Pelham, than they are at present, or within two years past, while they are increasing and becoming more grave in East Chester within a year or two. I have seen nothing to induce the belief that malaria is produced by excavations or drainage, nor have I known it diminished by such means.

"In the town of Westchester, according to Dr. Ellis, 'intermittents do not prevail to any considerable extent in my practice, and when occurring, are confined almost exclusively to the labouring classes. I do not consider them attributable to malaria or any local cause, but to improvident exposure, and sudden changes of temperature.'

"In the township of Yonkers,' says Dr. Gates, 'a mill-pond near the south-east part, covering the most part of one hundred acres of flat, moist land, appears to be the cause of intermittents, which have always prevailed in its immediate vicinity. In the Saw-Mill Valley is a strip of moist land which has, in some instances, produced intermittents. Aside from the above, we have been exempt from the disease during the last thirty-two years, until the last five years, during which they have prevailed a little more generally, commencing in a very wet summer; still, we are comparatively exempt.'

"Dr. David Palmer, formerly of White Plains, informs us that he commenced practice in this place forty years ago. During the first few years of his prac-

tice, intermittent and remittent fevers were hardly heard of. 'Suddenly, however, these diseases made their appearance, and became very common all over that part of the county. I recollect I used more quinine in one year than I had previously done for some half-dozen years. According to the best of my recollection, the season was both wet and warm, giving rise to the decomposition of vegetable matters, to which, at the time, I attributed the prevalence of the fever. Remittent fever was not uncommon at the time, but seldom of such severity as occurred at New Rochelle, and here, again, although the generating cause, *wet season*, had passed by, it still intermittent and remittent fevers continued more or less common for several succeeding years, depending, I suppose, on the original exposure, the poison remaining, for the time, latent.'

" 'Nothing,' says Dr. Palmer, 'in the course of my practice of twenty-four or five years, has led me to suppose that any peculiarities existed in that section of country, to control or influence the character or type of the different diseases as they appeared from time to time. I have always considered it a healthy part of the county.'

" 'White Plains, and its immediate vicinity, have been regarded as a singularly healthy region, and for several years had enjoyed almost an exemption from diseases that at times have prevailed along the North and East Rivers. It has not unfrequently been remarked that epidemics, like showers in summer, pass upward along the borders of those two great water-courses, leaving this locality unvisited. For many years intermittents had not been enumerated among the diseases, previous to the summer of 1853. A few cases had occurred occasionally among those in the immediate vicinity of a mill-pond on the northeastern limits of the town, and of another on the western borders. During the summer of 1853, there was much rain, and a luxuriant growth of vegetation covered the earth's surface; portions of this decomposed, giving rise to offensive odors in the gardens. During the season, intermittent fever made its appearance in this vicinity, and from seventy to eighty cases came under my immediate notice. During the summer and autumn of 1854, it prevailed to a much less extent; while, in the summer of 1855, there occurred an epidemic of intermittent and remittent fever of some extent."

Similar facts to the foregoing have been noticed in Pennsylvania. From many districts where, formerly, fevers of an intermittent or remittent type prevailed annually very extensively, they have of late years almost entirely disappeared; while, in other districts, where formerly these diseases were unknown, they have lately become, as it were, endemic, and this without any evident change in the local conditions of the different localities. The circumstances supposed to be favourable to the production of the fevers in question, have not been removed in the one case, nor become more developed than before in the other. There can be no doubt that, as a general rule, it is to those localities in which the air is humid, and, at the same time, has not a sufficiently free circulation, that intermittent and remittent fevers are endemic. That, however, these diseases do not invariably prevail in, and are far from being exclusively confined to such localities, facts innumerable incontestably prove. There would, indeed, appear to prevail at irregular periods, and for a series of years, certain conditions of atmosphere, extending over large districts of country, favourable to the production of intermittent and remittent fever, irrespective of the presence of the supposed source of miasmata. During the morbid conditions of atmosphere alluded to, periodical fevers prevail extensively, and in situations where, at other times, they are rarely or never observed; while, in the absence of such atmospheric conditions, they never or very seldom occur beyond what are known as malarious districts, and in them often to a very limited extent.

A report is presented by Dr. G. J. Fisher, of Sing Sing, of cases illustrative of the effects of needles accidentally penetrating different parts of the body. The chief object of Dr. Fisher is to point out the ultimate danger that may and often does result from needles or portions of needles accidentally driven into the body being allowed to remain, and gradually work their way to the neighbourhood of some important nerve, bloodvessel, or other organ, causing intense suffering by the irritation they cause, or more serious and even fatal results, by penetrating some vital part.

It is unquestionably the duty of the surgeon to endeavor, in every instance where needles or parts of needles have entered any part of the body, to ascertain their precise locality, and to attempt their removal, by an operation, if necessary, whenever this can be performed "without involving any serious risk of wounding some important nerve or other structure, or of exciting a high degree of inflammation." But we cannot accede to the propriety of the direction to spend hours in exploring with the scalpel in every direction, at the part where the needle enters, particle by particle, until the needle is found.

The following cases of phlegmasia dolens—the one occurring after typhoid fever, and the other, in both the upper and lower extremities, after parturition—by Dr. James Fountain, of Jefferson Valley, are not without interest:—

"The case of phlegmasia dolens I mentioned at our annual meeting, occurred in a young, healthy girl, aged 14 years. A typhoid fever broke out in the neighbourhood of her father, in the winter of 1847. The mother acted as nurse in two fatal cases, and contracted the disease. Immediately on her convalescence, her daughter had it. It ran through its regular stages, and subsided. Some few days after its close, she was seized with pain in the calf of the left leg, in the morning. The mother applied some warm flannels to the part through the day, but, about ten o'clock in the evening, the pain had reached the groin, and had become so extremely violent, that she screamed with it incessantly. At twelve at night, her father called me up. I sent her three powders, each containing about three grains of opium, and two of camphor—one to be taken every two hours, till relief be obtained. Next morning, I found she had taken two of the powders, and had found relief. Her leg was tumefied from the toes to the hip; skin white, and extremely tender, but not painful, unless the limb was moved; the swelling was tense and elastic; the joints were not affected internally. In the afternoon, I gave her an emetic of tart. ant. with tinct. sem. colchici. It operated freely, and the limb was immediately less sensitive. On the next day it was far less so, and in a day or two it became oedematous, and by means of bandaging and some mild diuretics, it disappeared. "About thirty years or so ago, I was in the practice of waiting on a Mrs. Horton in her confinements. For three successive labours, her pains seemed not to remit in the least upon the expulsion of the child, but kept on with the same expulsive effort, after the placenta was expelled, until two or three spoonfuls of tinct. opii had been taken. After the last labour, she had a regular attack of phlegmasia dolens, first in the right leg, then in the right arm, then in the left leg. These were clear cases, and were not rheumatic, for no more pain was produced by moving the joints than by moving the limbs generally. They yielded at once to full doses of opium and camphor, as they always will, and emetics never fail to change the albuminous to a serious condition of the affected limb."

D. F. C.

ART. XXI.—*San Francisco Medical Society; Annual Address delivered before the Society, pursuant to appointment, Jan'y 27, 1857.* By HENRY GIBBONS, M.D. 8vo. pp. 24.

From the annual address of Dr. Henry Gibbons, delivered before the San Francisco County Medical Society, January 27, 1857, a production replete with correct principles and liberal views, well and boldly expressed, we select the following paragraphs, as presenting, in brief outline, a general view of the climate and diseases of California:—

"The climate of the Pacific coast, in its etiological relations, opens an immense field of observation and study. In the winter season, if winter it can be called, from November to April inclusive, there is but little difference of temperature on the seaboard, in a range of fifteen degrees, from the mouth of the Columbia River on the north, to San Diego on the south. Nor is there much difference inland, except that the more elevated regions are liable to colder